

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24	1					
25						
26	1					
27						
28						
29						
30	1					
31						
32						
33						
34						
35						
36	1					
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			101			
52			102			
53			103			
54			104	1		
55			105			
56			106			
57			107			
58	1		108	1		
59			109			
60			110			
61			111			
62	1		112			
63			113			
64			114	1		
65			115			
66			116			
67	1		117			
68			118	1		
69			119			
70			120	1		
71	1		121			
72			122			
73			123			
74			124			
75						
76	1					
77						
78	1					
79						
80	1					
81						
82						
83						
84						
85						
86						
87	1					
88						
89						
90						
91						
92						
93						
94						
95						
96						
97	1					
98						
99						
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS